Author's response to reviews

Title: The boy who refused an IV: a case report of subcutaneous clodronate for bone pain in a child with Ewing Sarcoma

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Dr. Michael Kidd
Editor-In-Chief
Journal of Medical Case Reports

RE: “The boy who refused an IV: a case report of subcutaneous clodronate for bone pain in a child with Ewing Sarcoma”

Manuscript: 1735341028125480

Dear Dr. Kidd:

I am responding to the reviewers’ comments regarding this manuscript. First I would like to thank Drs. Domino and Dentali for their time and effort in participating in the review process.

Dr. Domino had no revisions requests. I appreciate his comment regarding the patient-centred nature of the care provided, as that is an explicit objective of our program. I am glad it came through in the report.

Dr. Dentali recommended some changes. The major one was the length and detailed discussion regarding the problems affecting Pediatrics in dealing with off-label medications.

In response I reduced the length and eliminated some of the explanatory digressions.

Raising the subject of off-label medications in this paper can be one that reviewers or readers may or may not agree on. On the one hand, as Dr. Dentali points out, such a discussion is not a usual component of the standard case report. On the other hand, the traditional case report is being transformed by incorporating evidence-based approaches, and describing more explicitly how evidence is used, or what is done in its absence (cf. Godlee F. Applying research evidence to individual patients: evidence based case reports will help. BMJ 316(7145); 1998: 1621-22, and Browman GP. Essence of evidence-based medicine: a case report. J Clin Oncol 17(7); 1999: 1969-73).

One of the messages I try to convey with this case report goes beyond the fact that clodronate could be given by a particular route with good results – that information, while interesting, is likely important to only a select audience. The broader objective was to describe for non-pediatricians the common challenges faced in the field, especially in an under-researched area such as pain and palliative care, in providing treatments to children. Therefore I explained the developmentally appropriate preferences of our patient and how that impacted care, and then the details of how we searched for the best medication regimen. Understanding the context of pediatric palliative care may help family physicians, adult palliative physicians and pharmacists in assisting children at end-of-life when they encounter them in their own practices.
Dr. Dentali had two other comments. One was a typographic error, and the other was a request for a more complete description of the bone pain and medication changes. I have addressed both in this revised manuscript.

Once again, I want to thank both reviewers for their assistance and the Editorial Team of the Journal of Medical Case Reports.

Sincerely,

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